

## **SPRINKLER SYSTEMS MAINTENANCE WORKER I/II**

(Parks and Recreation – South Parks)

Employees in this position are represented by the Non-Supervisory Union (SEIU)

**OPENING DATE:** September 20, 2006

**CLOSING DATE:** October 4, 2006

### **ANNUAL SALARY RANGE:**

Level I – \$33,600 - \$45,368 (range 20)

Level II – \$37,089 - \$50,075 (range 24)

This position is currently listed as FLSA Non-exempt – eligible for overtime compensation and/or compensatory time.

### **POSITION REQUIREMENTS**

**Hours: 5:00 a.m. – 1:30 p.m.** (hours vary by season) **The ability to work weekends and holidays, when appropriate, is required.**

### **MINIMUM QUALIFICATIONS**

Sprinkler Systems Maintenance Worker I - Requires formal or informal education or training which ensures the ability to read and write at a level necessary for successful job performance, plus one year of responsible park maintenance experience.

Sprinkler Systems Maintenance Worker II - In addition to the minimum educational qualifications of the I-level, the II-level requires one year of increasingly responsible experience performing irrigation system installation and maintenance duties comparable to that of a Sprinkler Systems Maintenance Worker I in the City of Tempe.

### **APPLICANT REQUIREMENT**

Applicant must be a current regular City of Tempe employee and have completed his or her initial six (6) month probationary period from original date of hire to the application filing deadline listed above. Temporary employees interested in applying for this position should refer to the recently revised Rule 3, Section 304.C at the following web address: [www.tempe.gov/hradmin/Rules\\_Reqs/2006/Rules2006.pdf](http://www.tempe.gov/hradmin/Rules_Reqs/2006/Rules2006.pdf). This position also requires possession of, or the ability to obtain, an appropriate, valid Arizona driver's license. **A recent copy of your 3-year driving record will be required at the time of interview.** This position requires a physical examination. If requesting Veteran's Preference, the appropriate DD214 must be attached at time of application.

### **REPRESENTATIVE DUTIES**

(For the complete job description go to: <http://www.tempe.gov/hrcc/docs/>)

- ▶ Install, repair and replace irrigation systems following blueprints, sketches or verbal instructions; Install, adjust, maintain and repair electronic timers to meet irrigation needs; Install, inspect and perform major repairs to electronic valves and controllers.
- ▶ Programming and Operation of a Central Controlled Automated Sprinkler control systems.
- ▶ Operation of sprinkler pumping station.
- ▶ Repair 4" to 6" water mains.

- ▶ Replace, repair and adjust a wide variety of sprinkler heads and lines by removing, disassembling and replacing worn or broken parts; Operate construction equipment such as dump trucks, trenchers and front loaders and hand and power tools.
- ▶ Locate, troubleshoot and repair valves, pipes and electrical lines using metal detectors, tracers, locators, and line identifiers; Inspect the installation of irrigation systems and equipment by outside contractors.
- ▶ Supervise and train lower level maintenance personnel in the maintenance of irrigation systems; Identify equipment needs for each assigned project; order irrigation parts and supplies as necessary.
- ▶ Perform related duties as assigned.

### **SELECTION CRITERIA**

Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment.

**RECRUITMENT CODE: 2180P**

**TLM/pmm**



# City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / <http://www.tempe.gov>

**The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.**

***The City of Tempe Promotes a Drug and Alcohol Free Workplace.***

## **DIRECTIONS:**

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: \_\_\_\_\_ Recruitment Code (RC#): \_\_\_\_\_
2. Name (Last, First, Middle Initial): \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
Street Address City State Zip
5. Phone Number: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_
6. Driver's License (Number, State, Class): \_\_\_\_\_
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? Yes No
8. Have you ever worked for the City of Tempe? Yes No If Yes, from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr)  
If you are a current City of Tempe employee, are you: Temporary? Regular?  
Have you completed your initial six (6) month probationary period? Yes No
9. To assist us with verifying previous work experience and /or education, please list other names you have gone by:  
\_\_\_\_\_
10. Type of position you will accept: Full Time Part Time Regular Temporary
11. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:
  - As a qualified or disabled veteran? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
  - As a spouse of an eligible veteran pursuant to ARS 38-492(D)? Yes No If yes, you must submit Form DD214, or certification from the Veteran's Administration.
12. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee? Yes No If Yes, indicate his/her **Name, Position, and Relationship to you:**  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE**

Q ☐ NQ ☐ A ☐ B ☐ C ☐ Application Entered ☐

HR Review ☐ \_\_\_\_\_  
Date

Department Review ☐ \_\_\_\_\_  
Date

***Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.***

13. Do you have a High School Diploma or a G.E.D.?      Yes      No

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	
			Yes    No	
			Yes    No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes    No	
			Yes    No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position:***

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training ***that relates to this position:***

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17. List computer software program(s) with which you are proficient in operating ***that relate to this position:***

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18. List equipment with which you are proficient in operating ***that relate to this position:***

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19. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No
	Yes    No	Yes    No	Yes    No

20. **May we contact your current employer if you are considered for hire/promotion?**      Yes      No

***You may make copies and use as many of these sheets as necessary to continue your employment history.***

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

Employer:	Type of Business:		
Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Present/Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

  

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Address:	Phone:		
Job Title:	Number of Employees Supervised:		
Supervisor (Name/Title/Phone):			
Employment Dates: from	(Mo/Yr)	to	(Mo/Yr)
Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

  

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Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$ Per		
Work Performed:			
Reason for Leaving:			

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Work Performed:	
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Total Time Employed:		Yrs	Mos
Hours Per Week:	Ending Wage: \$		Per
Work Performed:			
Reason for Leaving:			

21. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?

Yes No If Yes, please explain:

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22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

*Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.*

Yes No If Yes, provide charges, dates and locations:

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**Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.**

**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL .**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: \_\_\_\_\_ Date\_\_\_\_\_

Applicant Signature\_\_\_\_\_ Date\_\_\_\_\_

***The City of Tempe does not accept faxed copies of applications.***